# Medicare Advantage Part C

# 2020 Medicare Health Plans in Virginia

Source – U.S. Department of Health and Human Services

Center for Medicare & Medicaid Services

CMS Publication No. – 10050-33 – September 2019

This chart provides basic information about what your costs will be in each plan. See pages 114 and 115 for information on how to read this chart. Contact the plan for specific details, and ask if it's currently accepting new members. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to compare plans or look for a plan that isn't listed. TTY users can call 1-877-486-2048. See page 9 to find out how to get personalized help when choosing a plan.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Aetna Medicare	(H3931)	/ Health Maint	enance O	rganizatio	n				Members' R	ating of Pla	an: 85%
Aetna Medicare P		<u> </u>							www	.aetnamedic	are.com
Fairfax County and Surrounding Area	\$27	\$6,700	\$20	\$50	20%	20%	\$0	20%	\$150 some drugs; call plan	\$0 - \$100 and/or 30%	Yes
Aetna Medicare S	elect Plan	(HMO) (098) P	hone: 855-:	275-6627					www	aetnamedic	are.com
Richmond and Surrounding Area	. \$0	\$5,400	\$0.	. \$50	20%	20%	\$0	20%	\$0	\$0 - \$100 and/or 33%	Yes
Aetna Medicare S	elect Plan	(HMO) (099) P	hone: 855-	275-6627					www	aetnamedic	care.com
Danville and Surrounding Area	\$0	\$5,600	\$0	\$40	20%	20%	\$0	20%	\$0	\$0 - \$100 and/or 33%	Yes
Aetna Medicare S	elect Plan	(HMO) (100) PI	none: 855-2	275-6627					www	.aetnamedic	care.com
Newport News and Surrounding Area		\$6,400	\$0	\$50	20%	20%	\$0	20%	\$0	\$0 - \$100 and/or 33%	Yes
Aetna Medicare S	Select Plan	(HMO) (101) Ph	one: 855-2	75-6627					www	.aetnamedic	care.com
Roanoke and Surrounding Area	\$0	\$5,700	\$0	\$45	20%	20%	\$0	20%	\$0	\$0 - \$100 and/or 33%	Yes
Aetna Medicare U	JVA Health	n System Prime (	(HMO) (124	) Phone: 8	55-275-66	27			www	ı.aetnamedic	care.com
Charlottesville and Surrounding area	\$0	\$6,400	\$0	\$40	20%	20%	\$0	20%	\$0	\$0 - \$100 and/or 33%	Yes

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Aetna Medicare	(H5521)	/ Preferred Pro	vider Org	anization					Members' R	ating of Pla	an: 88%
Aetna Medicare C	hoice Plar	n (PPO) (027) Pł	none: 855-2	275-6627					www	.aetnamedic	are.com
Fairfax County and Surrounding Area	\$98	\$6,700/\$10,000	\$25/50%	\$50/50%	20%/50%	20%/50%	\$0/50%	20%/50%	\$150 some drugs; call plan	\$0 - \$100 and/or 30%	Yes
Aetna Medicare E	ssential Pl	an (PPO) (082)	Phone: 85	5-275-6627	7				www	.aetnamedic	are.com
Richmond and Surrounding Area	\$58	\$6,700/\$10,000	\$20/50%	\$50/50%	20%/50%	20%/50%	\$0/50%	20%/50%	\$0	\$0 - \$100 and/or 33%	Yes
Aetna Medicare E	ssential Pl	an (PPO) (083)	Phone: 85	5-275-6627	7				www	.aetnamedic	are.com
Danville City and Surrounding Area	\$53	\$6,700/\$10,000	\$15/50%	\$50/50%	20%/50%	20%/50%	\$0/50%	20%/50%	\$0	\$0 - \$100 and/or 33%	Yes
Aetna Medicare E	ssential Pl	an (PPO) (084)	Phone: 85!	5-275-6627	7		-	±	www	.aetnamedic	are.com
Newport News and Surrounding Area	\$33	\$6,700/\$10,000	\$5/50%	\$50/50%	20%/50%	20%/50%	\$0/50%	20%/50%	\$0	\$0 - \$100 and/or 33%	Yes
Aetna Medicare E	ssential Pl	an (PPO) (102)  I	Phone: 855	-275-6627					www	.aetnamedic	are.com
Roanoke and Surrounding Area	\$68	\$6,700/\$10,000	\$15/50%	\$50/50%	20%/50%	20%/50%	\$0/50%	20%/50%	\$0	\$0 - \$100 and/or 33%	Yes
Anthem Blue Cr			909) /						Members' R	ating of Pla	an: 86%
Preferred Provi	der Orgar	nization									
Anthem MediBlue	Access (F	PPO) (014) Phor	e: 800-797	7-5937		y		<b>T</b>	shop.an	them.com/n	nedicare
Mathews County	\$70	\$6,700/\$10,000	\$10/\$30	\$40/35%	20%/25%	20%/25%	\$0/35%	\$0 20%/35%	\$170 some drugs; call plan	\$0 - \$100 and/or 30%	Yes
Anthem Health	Keepers (	H3447) / Healt	th Maintei	nance Org	anization				Members' R	ating of Pla	an: 86%
Anthem MediBlue	Extra (HN	10) (027) Phone	e: 844-828	-1338					www.an	them.com/n	nedicare
Select Counties in Virginia	\$21.60	\$5,900	\$0	, \$40	20%	20%	\$0	\$0 20%	\$435 some drugs; call plan	\$0 - \$100 and/or 25%	Yes

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Anthem Health	Keepers (	H3447) / Heal	th Mainte	nance Org	anization				Members' R	ating of Pla	an: 86%
Anthem MediBlue	e Extra (HM	10) (028) Phon	e: 844-828	-1338				•	www.an	them.com/n	nedicare
Select Counties in Virginia	\$24.30	\$5,900	\$0	\$30	20%	20%	\$0	\$0 20%	\$435 some drugs; call plan	\$0 - \$100 and/or 25%	Yes
Anthem MediBlue	e Local (HN	10) (001) Phon	e: 888-649	-5968					shop.an	them.com/n	nedicare
Richmond Metropolitan, West & So. of Richmond Area	\$0	\$3,400	\$0	\$0 - \$35	20%	0% - 20%	\$0	0% - 20%	\$O	\$0 - \$95 and/or 33%	Yes
Anthem MediBlue	e Plus (HM	O) (013) Phone:	844-828-1	338					shop.an	them.com/n	nedicare
Southern Virginia Counties	\$0	\$4,900	\$0	\$35	20%	20%	\$0	\$0 20%	\$150 some drugs; call plan	\$0 - \$100 and/or 30%	Yes
Anthem MediBlue	e Plus (HM	O) (014) Phone	844-828-1	338					shop.an	them.com/n	nedicare
Northern Virginia Counties	\$0	\$6,700	\$0	\$45	20%	20%	\$0	\$0 20%	\$325 some drugs; call plan	\$0 - \$100 and/or 27%	Yes
Anthem MediBlue	e Plus (HM	O) (025) Phone	: 844-828-	1338					www.an	them.com/n	nedicare
Select Counties in Virginia	\$0	\$5,900	\$0	\$40	20%	20%	\$0	\$0 20%	\$325 some drugs; call plan	\$0 - \$100 and/or 27%	Yes
Anthem MediBlue	e Prime (HI	MO) (029) Phor	ne: 844-828	3-1338					shop.an	them.com/n	nedicare
Roanoke County	\$Ó	\$6,700	\$25	\$50	20%	20%	\$0	\$0 20%	\$435 some drugs; call plan	\$0 - \$100 and/or 25%	Yes

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Anthem Health	(eepers (	H3447) / Heal	th Mainte	nance Or <u>c</u>	anization				Members' R	ating of Pla	n: 86%
Anthem MediBlue	Smart Fit	(HMO) (005) P	hone: 888-	649-5968					shop.an	them.com/n	nedicare
Richmond Metropolitan, West & So. of Richmond Area	\$0	\$3,400	\$10	\$0 - \$40	20%	0% - 20%	<b>\$</b> O	0% - 20%	\$0	\$5 - \$95 and/or 33%	Yes
ApexHealth,Inc.	. (H7394)	/ Health Main	tenance C	rganizati	on				Plan	too new fo	r rating
ApexAscend (HM	O) (012) F	Phone: 844-279-	0508						٧	ww.apexhe	alth.com
Counties: Algy, Ffx, FCCity, Ldn, Mgy, SalCity	\$39	\$5,700	\$0	\$30	20%	20%	<b>\$</b> 0	20%	\$125 some drugs; call plan	\$0 - \$90 and/or 30%	Yes
ApexBold (HMO)	(013) Pho	ne: 844-279-050	38							ww.apexhe	alth.com
Counties: Algy, Ffx, FCCity, Ldn, Mgy, SalCity	\$0	\$5,900	\$0	\$40	20%	20%	\$0	20%	\$250 some drugs; call plan	\$0 - \$100 and/or 28%	Yes
<b>Clear Spring He</b>	alth (H2C	)20) / Preferre	d Provide	r Organiz	ation				Plan	too new fo	r rating
Clear Spring Healt	th Essentia	al (PPO) (002) F	hone: 877	-384-1241					www.clears	oringhealtho	are.com
Metro Richmond	\$0	\$5,000/\$10,000	\$10/45%	\$45/45%	20%/45%	20%/45%	\$0/45%	20%/45%	\$0	\$2 - \$100 and/or 33%	Yes
Clear Spring He	alth (H82	.93) / Health M	laintenand	e Organi	zation		1.0		Plan	too new fo	r rating
Clear Spring Healt	th Essentia	al (HMO) (001) F	Phone: 877	-384-1241		·			www.clears	oringhealtho	are.com
Central, Southern and Shenandoah Valley Virginia	\$0	\$3,250	\$0	\$25	20%	20%	\$0	20%	\$0	\$2 - \$100 and/or 33%	Yes
Humana (H5216	) / Prefer	red Provider C	) Pganizati	on					Members' R	ating of Pla	an: 86%
Humana Value Plu	ıs H5216-18	31 (PPO) (181) PI	none: 800-	833-2364					www.hu	mana.com/n	nedicare
Select VA Counties in the Tri-Cities Area	\$26.90	\$6,700/\$10,000	20%/40%	20%/40%	20%/\$0 20% - 40%	\$0 20%/\$0 20% - 40%	\$0/40%	20%	\$395 some drugs; call plan	\$2 - \$100 and/or 25%	Yes

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Humana (H5216	) / Prefer	red Provider O	rganizati	on					Members' Ra	ating of Pla	n: 86%
HumanaChoice H	5216-027 (	PPO) (027) Pho	ne: 800-83	33-2364					www.hur	mana.com/m	nedicare
Virginia	\$63	\$6,700/\$10,000	\$15/40%	\$45/40%	20%/ 20% - 40%	20%/ 20% - 40%	\$0/40%	20%/40%	\$215 some drugs; call plan	\$4 - \$100 and/or 29%	Yes
HumanaChoice H	5216-100 (	PPO) (100) Pho	ne: 800-83	3-2364					www.hur	mana.com/n	nedicare
Select Counties in the Tri-Cities Area of Virginia	\$48	\$6,700/\$10,000	\$15/30%	\$35/30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/30%	20%	\$0	\$7 - \$100 and/or 33%	Yes
HumanaChoice H	5216-144 (	PPO) (144) Phoi	ne: 800-83	3-2364					www.hui	mana.com/n	nedicare
Richmond-Tidewater Area	\$57	\$6,700/\$10,000	\$15/40%	\$45/40%	20%/ 20% - 40%	20%/ 20% - 40%	\$0/40%	20%/40%	\$265 some drugs; call plan	\$4 - \$100 and/or 28%	Yes
HumanaChoice H	5216-148 (	PPO) (148) Phor	ne: 800-83	3-2364					www.hu	mana.com/n	nedicare
Virginia	\$0	\$6,700/\$10,000	\$0/40%	-\$45/40%	20%/ 20% - 40%	20%/ 20% - 40%	\$0/40%	20%/40%	\$265 some drugs; call plan	\$4 - \$100 and/or 28%	Yes
HumanaChoice H	5216-149 (	PPO) (149) Phoi	ne: 800-83	3 <b>-</b> 2364				Low	www.hu	mana.com/n	nedicare
Lynchburg - Winchester Area	\$24	\$6,700/\$10,000	20%	20%	20%/\$0	\$0 20%	\$0	20%	\$435 some drugs; call plan	\$0 - \$100 and/or 25%	Yes
HumanaChoice H	5216-152 (	PPO) (152) Phor	ne: 800-83	3-2364					www.hu	mana.com/r	nedicare
Virginia	\$0	\$3,400/\$3,400	\$10/ \$10 - \$40	\$35	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Yes
Humana (H537)	7) / Healt	h Maintenance	Organiza	ition					Plan	too new fo	r rating
Humana Gold Plu	s H5377-0	001 (HMO) (001)	Phone: 80	0-833-236	4				www.hu	mana.com/r	nedicare
Roanoke Metro Area	\$125	\$6,700	\$0	\$0	20%	20%	\$0	20%	\$190 some drugs; call plan	\$4 - \$100 and/or 29%	Yes

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Humana (H5619	) / Health	Maintenance	Organiza	tion	100				Members' Ra	ating of Pla	n: 86%
Humana Gold Plus	s H5619-04	11 (HMO) (041)	Phone: 800	)-833-2364					www.hur	mana.com/m	nedicare
Albemarle and Charlottesville City Counties	\$37	\$6,700	\$10	\$45	20%	20%	\$0	20%	\$215 some drugs; call plan	\$2 - \$100 and/or 29%	Yes
Humana Gold Plus	s H5619-04	42 (HMO) (042-	l) Phone: 8	300-833-23	64				www.hur	mana.com/m	nedicare
Roanoke Metro Area	\$0	\$3,400	\$0	\$40	20%	20%	\$0	20%	\$160 some drugs; call plan	\$2 - \$100 and/or 30%	Yes
Humana Gold Plus	s H5619-04	42 (HMO) (042-	2) Phone:	800-833-2	364				www.hui	mana.com/n	nedicare
Roanoke Metro Area		\$6,700	\$5	\$45	20%	20%	\$0	20%	\$160 some drugs; call plan	\$2 - \$100 and/or 30%	Yes
Humana Gold Plu	s H5619-0	44 (HMO) (044)	Phone: 80	00-833-236	54				www.hu	mana.com/n	nedicare
Richmond Metro Area	\$0	\$6,700	\$15	\$45	20%	20%	\$0	20%	\$265 some drugs; call plan	\$4 - \$100 and/or 28%	Yes
Humana Gold Plu	s H5619-0	45 (HMO) (045)	Phone: 80	00-833-236	64				www.hu	mana.com/n	nedicare
Tidewater Area	\$0	\$6,700	\$10	\$45	20%	20%	\$0	20%	\$160 some drugs; call plan	\$4 - \$100 and/or 30%	Yes
Humana Gold Plu	s H5619-0	47 (HMO) (047)	Phone: 80	00-833-236	64				www.hu	mana.com/r	nedicare
Northern Virginia Area	\$0	\$6,700	\$10	\$45	20%	20%	\$0	20%	\$160 some drugs; call plan	\$2 - \$100 and/or 30%	Yes
Humana Gold Plu	s H5619-0	90 (HMO) (090	) Phone: 8	00-833-23	64				www.hu	mana.com/r	nedicare
Select VA Counties in the Tri-Cities Area	\$94	\$5,400	\$0	\$35	20%	20%	\$0	20%	\$0	\$3 - \$100 and/or 33%	Yes

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Humana (H5619	) / Health	n Maintenance	Organizal	tion					Members' R	ating of Pla	an: 86%
Humana Gold Plu	s H5619-09	91 (HMO) (091)	Phone: 800	)-833-2364					www.hui	mana.com/n	nedicare
Select VA Counties in the Tri-Cities Area	\$28	\$5,900	\$5	\$35	20%	20%	\$0	20%	\$0	\$5 - \$100 and/or 33%	Yes
Humana Gold Plu	s H5619-09	95 (HMO) (095)	Phone: 80	0-833-236	4				www.hui	mana.com/n	nedicare
Select VA Counties in the Tri-Cities Area	\$0	\$6,700	\$5	\$45	20%	20%	\$0	20%	\$50 some drugs; call plan	\$7 - \$100 and/or 32%	Yes
Humana (H6622	2) / Healt	h Maintenance	Organiza	tion					Members' R	ating of Pla	an: 87%
Humana Gold Plu	s H6622-0	04 (HMO) (004	) Phone: 8	00-833-23	64				www.hu	mana.com/n	nedicare
Richmond Metro Area	\$0	\$3,400	\$0	\$35	20%	20%	\$0	20%	\$100 some drugs; call plan	\$2 - \$100 and/or 31%	Yes
Humana Gold Plu	s H6622-0	05 (HMO) (005)	) Phone: 80	00-833-236	54				www.hu	mana.com/n	nedicare
Tidewater Area	\$0	\$3,400	*- \$O	\$35	20%	20%	\$0	20%	\$100 some drugs; call plan	\$2 - \$100 and/or 31%	Yes
Humana Gold Plu	s H6622-0	41 (HMO) (041)	Phone: 80	0-833-2364	4				www.hu	mana.com/n	nedicare
Virginia	\$15	\$6,700	20%	20%	20%	\$0 20%	\$0	20% '	\$435 some drugs; call plan	\$0 - \$100 and/or 25%	Yes
Humana Gold Plu	s H6622-0	50 (HMO) (050-	1) Phone:	800-833-2	364				www.hu	mana.com/n	nedicare
Richmond	\$15	\$6,700	20%	20%	20%	\$0 20%	\$0	20%	\$415 some drugs; call plan	\$0 - \$100 and/or 25%	Yes
Humana Gold Plu	s H6622-0	50 (HMO) (050-	2) Phone:	800-833-2	364				www.hu	mana.com/n	nedicare
Richmond - Tidewater Area	\$15	\$6,700	20%	20%	20%	\$0 20%	<b>\$</b> 0	20%	\$415 some drugs; call plan	\$0 - \$100 and/or 25%	Yes

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Humana (H8145	) / Privat	e Fee-for-Serv	ice Plan					ing a second	dembers' Ra	ating of Pla	n: 84%
Humana Gold Cho	oice H8145	-004 (PFFS) (00	)4) Phone	: 800-833-	2364				www.hur	mana.com/m	nedicare
Virginia	\$88	\$6,700	\$20/ \$20 - \$110	\$50	20%	20%	\$0	20%	\$160 some drugs; call plan	\$5 - \$100 and/or 30%	Yes
Humana Gold Ch	oice H8145	-042 (PFFS) (04	l2) Phone:	800-833-2	2364				www.hur	mana.com/n	nedicare
Select Counties in Virginia	\$35	\$6,700	\$20/ \$20 - \$110	\$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Yes
Humana Gold Che	oice H8145	-091 (PFFS) (09	1) Phone: 8	300-833-2	364				www.hui	mana.com/n	nedicare
Select Counties in Virginia	\$79	\$6,700	\$15/35%	\$40/35%	20%	20%	\$0/35%	20%	\$435 some drugs; call plan	\$7 - \$100 and/or 25%	Yes
Humana Gold Ch	oice H8145	-108 (PFFS) (108	B) Phone: 8	300-833-2	364				www.hui	mana.com/n	nedicare
Select Counties in Virginia	\$0	\$6,700	\$20/35%	\$40/35%	20%	20%	\$0/35%	20%	Drugs not covered	Drugs not covered	Yes
Humana (R1390	)) / Prefei	rred Provider C	Organizati	on.					Members' R	ating of Pla	an: 84%
HumanaChoice R	1390-001 (	Regional PPO) (	001) Phon	e: 800-833	3-2364				www.hu	mana.com/n	nedicare
States of North Carolina and Virginia	\$0	\$5,400/\$5,400	\$15/ \$15 - \$110	. \$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Yes
HumanaChoice R	1390-002	(Regional PPO)	(002) Pho	ne: 800-83	3-2364				www.hu	mana.com/r	nedicare
States of North Carolina and Virginia	\$82	\$6,700/\$10,000	\$15/ \$15 - \$110	\$50	20%	20%	\$0	20%	\$360 some drugs; call plan	\$5 - \$100 and/or 26%	Yes
Innovation Hea	lth Medic	are (H1100) / F	Preferred	Provider (	Organizati	on		1	Plan t	oo small fo	r rating
Innovation Health	n-Aetna Me	dicare Premier (	PPO) (002	) Phone: 8	344-656-87	22		WW	/w.innovation	healthmedic	care.com
Fairfax County and Surrounding Area	\$144	\$3,400/\$5,000	\$0 - \$10/ 50%	\$20 - \$30/ 50%	20%/50%	20%/50%	\$0/50%	20%	\$0	\$0 - \$100 and/or 33%	Yes

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Innovation Heal	th Medic	are (H1100) / P	referred I	Provider C	Organizati	<b>o</b> n			Plan to	oo small fo	r rating
Innovation Health	-Aetna Me	dicare Voyager (	(PPO) (001	) Phone: 8	44-656-87	22		ww	w.innovation	nealthmedic	are.com
Fairfax County and Surrounding Area	\$88	\$6,500/\$10,000	\$0 - \$15/ 50%	\$35 - \$50/ 50%	20%/50%	20%/50%	\$0/50%	20%	\$0	\$0 - \$100 and/or 33%	Yes
Innovation Heal	th Medic	are (H2829) / I	Health Ma	intenance	Organiza	tion			Members' R	ating of Pla	an: 85%
Innovation Health	-Aetna Me	edicare Connect	(HMO) (00	1) Phone: 8	844-656-8	722		ww	w.innovation	nealthmedic	are.com
Fairfax County and Surrounding Area	\$0	\$4,800	\$0 - \$15	\$35 - \$50	20%	20%	\$0	20%	\$0	\$0 - \$100 and/or 33%	Yes
Kaiser Permane	nte (H21!	50) / Medicare	Cost Plan		merter of				Members' Ra	ating of Pla	an: 90%
Kaiser Permanen	te Medicar	e Plus Basic w/D	(AB) (Cos	t) (033) P	hone: 877-	408-8607				kp.org/n	nedicare
Northern VA Area and MD Counties: CV, CR, FR	\$60	\$6,700	\$35	\$50	\$0 - \$50	\$0 - \$50	<b>\$</b> 0	20%	\$435 for all drugs	25%	Yes
Kaiser Permanen	te Medicar	e Plus Basic w/o	D (AB) (C	ost) (017)	Phone: 877	-408-8607	,			kp.org/r	nedicare_
Northern VA Area and MD Counties: CV, CR, FR	\$10	\$6,700	\$35	\$50	\$0 - \$50	\$0 - \$50	\$0	20%	Drugs not covered	Drugs not covered	No
Kaiser Permanen	te Medicar	e Plus High w/o	D (AB) (Co	ost) (021) F	Phone: 877-	·408-8607				kp.org/r	nedicare
Northern VA Area and MD Counties: CV, CR, FR	\$105	\$5,000	\$5	\$30	\$0 - \$47	\$0 - \$47	\$0	20%	Drugs not covered	Drugs not covered	Yes
Kaiser Permanen	te Medicar	e Plus High w/Pa	art D (AB)	(Cost) (00	2) Phone:	877-408-86	607			kp.org/r	nedicare
Northern VA Area and MD Counties: CV, CR, FR	\$142	\$5,000	\$5	\$30	\$0 - \$47	\$0 - \$47	\$0	20%	\$0	\$0 - \$100 and/or 33%	Yes
Kaiser Permanen	te Medicar	re Plus Std w/o D	(AB) (Cos	st) (022) P	hone: 877-	408-8607				kp.org/r	medicare
Northern VA Area and MD Counties: CV, CR, FR	\$25	\$6,700	\$10	\$45	\$0 - \$47	\$0 - \$47	\$0	20%	Drugs not covered	Drugs not covered	Yes

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Kaiser Permane	nte (H215	0) / Medicare	Cost Plan		Table Base				Members' Ra	ating of Pla	an: 90%
Kaiser Permanent	te Medicare	e Plus Std w/Par	t D (AB) (0	Cost) (009)	Phone: 8	77-408-860	07		•	kp.org/n	nedicare
Northern VA Area and MD Counties: CV, CR, FR	\$54	\$6,700	\$10	\$45	\$0 - \$47	\$0 - \$47	\$0	20%	\$280 some drugs; call plan	\$0 - \$100 and/or 25%	Yes
Kaiser Permane	ente (H217	2) / Health Ma	intenance	e Organiza	ation				Members' R	ating of Pla	an: 89%
Kaiser Permanen	te Medicare	e Advantage Hig	h VA (HMC	) (008) P	hone: 877-	408-8607		·		kp.org/n	nedicare
Northern Virginia	\$142	\$5,500	\$5	\$30	\$0 - \$47	\$0 - \$47	\$0	20%	\$0	\$0 - \$100 and/or 33%	Yes
Kaiser Permanent	te Medicare	e Advantage Sta	ndard VA (	(OMH)	9) Phone:	877-408-80	607			kp.org/n	nedicare
Northern Virginia	\$25	\$6,700	\$5	\$35	\$0 - \$47	\$0 - \$47	· \$0 · ·	~20%	\$0	\$0 - \$100 and/or 33%	Yes
Kaiser Permanen	te Medicare	e Advantage Val	ue VA (HM	O) (010) P	hone: 877-	408-8607				kp.org/r	nedicare
Northern Virginia	\$0	\$6,700	\$15	\$45	\$0 - \$47	\$0 - \$47	\$0	20%	\$0	\$0 - \$100 and/or 33%	Yes
Kaiser Permanen	te Medicare	e Advantage w/c	Part D (H	MO) (005)	Phone: 87	7-408-860	)7			kp.org/r	nedicare
DC, MD, VA	\$30	\$6,700	\$10	\$35	\$0 - \$47	\$0 - \$47	\$0	20%	Drugs not covered	Drugs not covered	Yes
Mary Washington Health Mainten	nor the second of the second that	Control of the second of the first of the second of the se	(H2825) <i>,</i>						Plan	too new fo	r rating
Mary Washingtor	n Medicare	Advantage Com	plete (HM0	O) (001) Pl	hone: 844-	529-3827			V	vww.mwmar	olan.com
Greater Fredericksburg Region	\$0	\$3,400	\$5	\$35	20%	20%	\$0	20%	\$0	\$0 - \$95 and/or 33%	Yes
Mary Washingtor	n Medicare	Advantage Rew	ards (HMO	) (002) Ph	one: 844-5	29-3827			V	vww.mwmar	olan.com
Greater Fredericksburg Region	\$0	\$5,600	\$5	\$45	20%	20%	\$0	20%	\$0	\$2 - \$100 and/or 33%	Yes

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Optima Medica	re (H2563	() / Health Mai	ntenance	Organizat	ion				Members' R	ating of Pla	an: 86%
Optima Medicare	Classic (H	MO) (014) Phor	ne: 844-563	3-4201					www.optimah	ealth.com/n	nedicare
Greater Hampton Roads, Virginia	\$0	\$3,400	\$0	\$30	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Yes
Optima Medicare	Prime (HM	10) (005-1) Pho	ne: 844-56	3-4201					www.optimah	ealth.com/n	nedicare
Greater Hampton Roads, VA - Southside	\$65	\$4,700	\$0	\$25	20%	20%	\$0	20%	\$130 some drugs; call plan	\$0 - \$90 and/or 28%	Yes
Optima Medicare	Prime (HM	10) (005-2) Pho	one: 844-50	63-4201					www.optimah	ealth.com/n	nedicare
Greater Hampton Roads, VA - Greater Peninsula	\$55	\$4,700	\$0	\$25	20%	20%	\$0	20%	\$130 some drugs; call plan	\$0 - \$90 and/or 28%	Yes
Optima Medicare	Prime (HM	10) (012) Phone	e: 844-563-	4201					www.optimah	ealth.com/n	nedicare
Select Counties in Central and Northern VA	\$55	\$3,400	\$0	\$25	20%	20%	\$0	20%	\$130 some drugs; call plan	\$0 - \$90 and/or 28%	Yes
Optima Medicare	Prime (HM	10) (013) Phone	e: 844-563-	·4201					www.optimah	ealth.com/n	nedicare
Halifax County and Surrounding Areas	\$55	\$3,400	\$0	\$25	20%	20%	\$0	20%	\$130 some drugs; call plan	\$0 - \$90 and/or 28%	Yes
Optima Medicare	Value (HM	10) (003) Phon	e: 844-563	-4201					www.optimah	ealth.com/n	nedicare
Greater Hampton Roads, Virginia	\$0	\$3,400	\$0	\$30	20%	20%	\$0	20%	\$150 some drugs; call plan	\$0 - \$95 and/or 27%	Yes
Optima Medicare	Value (HM	10) (008) Phon	e: 844 <b>-</b> 563	-4201		,,			www.optimah	ealth.com/n	nedicare
Select Counties in Central and Northern VA	\$0	\$3,600	\$0	\$30	20%	20%	\$0	20%	\$150 some drugs; call plan	\$0 - \$95 and/or 27%	Yes

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits			
Optima Medica	re (H2563	6) / Health Mai	ntenance	Organizat	ion				Members' R	ating of Pla	n: 86%			
Optima Medicare Value (HMO) (009) Phone: 844-563-4201									www.optimahealth.com/medicare					
Halifax County and Surrounding Areas	\$0	\$3,600	\$0	\$30	20%	20%	\$0	20%	\$150 some drugs; call plan	\$0 - \$95 and/or 27%	Yes			
Piedmont Medic	care Adva	intage (H1659)	/ Preferr	ed Provid	er Organi	zation			Members' R	ating of Pla	n: 89%			
Piedmont Select I	Medicare C	option One (PPC	)(001) Ph	one: 877-2	10-1719					www.p	chp.net			
City: LYH Counties: AM, AP, BE, CA, CLT, HA, PE, PI	\$119	\$5,500/\$10,000	\$0/40%	\$30/40%	20%/40%	20%/40%	\$0/40%	20%/40%	\$405 some drugs; call plan	\$5 - \$90 and/or 25%	Yes			
Piedmont Select 1	Medicare C	option Three (PP	O) (003)	Phone: 877	-210-1719			www.pchp.net						
City: LYH Counties: AM, AP, BE, CA, CLT, HA, PE, PI	\$0	\$6,700/\$10,000	\$0/40%	\$50/40%	20%/40%	20%/40%	\$0/40%	20%/40%	\$405 some drugs; call plan	\$10 - \$100 and/or 25%	Yes			
Piedmont Select 1	Medicare C	option Two (PPC	) (002) Pl	none: 877-2	210-1719			www.pchp.net						
City: LYH Counties: AM, AP, BE, CA, CLT, HA, PE, PI	\$84	\$5,750/\$10,000	\$0/40 <sup>°</sup> %	\$45/40%	20%/40%	20%/40%	\$0/40%	20%/40%	\$405 some drugs; call plan	\$7 - \$95 and/or 25%	Yes			
Sunrise Advanta	age Plan (	(H7802) / Heal	th Mainte	nance Or	ganizatio	1			Plan to	oo small fo	r rating			
Sunrise Advantag	e Commu	nity Plan (HMO)	(003) Pha	ne: 844-89	6-0628				www.sunrise	advantagep	lan.com			
Virginia (partial)	\$59	\$5,700	\$0	\$10 - \$50	20%	20%	\$0	20%	\$0	\$5 - \$100 and/or 33%	Yes			
UnitedHealthca	re (H2577	7) / Preferred F	Provider C	) Prganizati	on :				Plan	too new fo	r rating			
AARP Medicare A	AARP Medicare Advantage Walgreens (PPO) (009) Phone: 800-555-5757								www.AARI	PMedicarePl	ans.com			
Northern VA and Washington DC Area	\$0	\$6,700/\$10,000	\$0/\$30	\$35/\$55 -	20%/30%	20%/30%	\$0/50%	20%/50%	\$195 some drugs; call plan	\$0 - \$100 and/or 29%	Yes			

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
UnitedHealthca	re (H5253	3) / Health Mai	ntenance	Organiza	tion				Members' R	ating of Pla	an: 87%
AARP Medicare A									www.AAR	PMedicarePl	ans.com
Select Counties in Tennessee and Virginia	\$O	\$3,700	\$0	\$30	20%	20%	\$0	20%	\$0	\$0 - \$95 and/or 33%	Yes
AARP Medicare Advantage Plan 1 (HMO) (087) Phone: 800-555-5757 www.AARPMedicarePlans.com											
Southeastern Virginia	\$0	\$4,900	\$O	\$30	20%	20%	\$0	20%	\$95 some drugs; call plan	\$3 - \$100 and/or 31%	Yes
AARP Medicare Advantage Plan 1 (HMO) (089) Phone: 800-555-5757 www.AARPMedicarePlans.com											
Northern VA and Washington DC Area	\$19	\$6,700	\$0	\$30	20%	20%	\$0	20%	\$95 some drugs; call plan	\$3 - \$100 and/or 31%	Yes
AARP Medicare A	Advantage	Plan 1 (HMO) (11	1-1) Phone:	800-555-9	5757				www.AAR	PMedicarePl	ans.com
Roanoke	\$0	\$5,900	\$0	` \$40	20%	20%	\$0	20%	\$150 some drugs; call plan	\$3 - \$100 and/or 30%	Yes
AARP Medicare A	dvantage	Plan 1 (HMO) (11	1-2) Phone	: 800-555-	5757				www.AAR	PMedicarePl	ans.com
Richmond	\$0	\$4,900	\$0	\$35	20%	20%	\$0	20%	\$150 some drugs; call plan	\$3 - \$100 and/or 30%	Yes
AARP Medicare A	dvantage	Plan 2 (HMO) (0	48) Phone	e: 800-555-	-5757				www.AAR	PMedicarePl	ans.com
Select Counties in Tennessee and Virginia	\$33	\$3,200	\$0	\$25	20%	20%	\$0	20%	\$0	\$0 - \$95 and/or 33%	Yes
AARP Medicare A	dvantage	Plan 2 (HMO) (0	88) Phone	e: 800-555-	·5757				www.AAR	PMedicarePI	ans.com
Southeastern Virginia	\$49	\$4,500	\$0	\$25	20%	20%	\$0	20%	\$0	\$3 - \$100 and/or 33%	Yes

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits	
UnitedHealthca	re (H5253	6) / Health Mai	ntenance	Organizat	tion				Members' R	ating of Pla	an: 87%	
AARP Medicare A	dvantage	Plan 2 (HMO) (0		www.AARPMedicarePlans.com								
Northern VA and Washington DC Area	\$86	\$4,900	\$0	\$25	20%	20% <sup>-</sup>	\$0	20%	\$0	\$3 - \$100 and/or 33%	Yes	
AARP Medicare A	dvantage	Plan 2 (HMO) (1°	2-1) Phone	: 800-555-	-5757				www.AARI	PMedicarePl	ans.com	
Roanoke	\$39	\$4,900	\$0	\$35	20%	20%	\$0	20%	\$0	\$3 - \$100 and/or 33%	Yes	
AARP Medicare A	dvantage	Plan 2 (HMO) (1°	2-2) Phon	e: 800-555	-5757				www.AARI	PMedicarePl	ans.com	
Richmond	\$44	\$4,400	\$0	\$25	20%	20%	\$0	20%	· \$0	\$3 - \$100 and/or 33%	Yes	
UnitedHealthca	re (H543	5) / Private Fe	e-for-Serv	ice Plan					Members' R	ating of Pla	an: 82%	
UnitedHealthcare	Medicare[	Direct Essential (	PFFS) (00	l) Phone: 8	300-555-57	757		www.UHCMedicareSolutions.com				
Select counties nationwide	\$40	\$6,700	\$25	\$50	20%	20%	<b>\$</b> 0	20%	Drugs not covered	Drugs not covered	Yes	
UnitedHealthcare	Medicare	Direct Rx (PFFS)	(024) Pho	ne: 800-5	55-5757			www.UHCMedicareSolutions.com				
Select counties nationwide	\$64	\$6,700	\$25	\$50	20%	20%	\$0	20%	\$295 some drugs; call plan	\$4 - \$100 and/or 27%	Yes	
UnitedHealthca	re (H5652	2) / Health Ma	intenance	Organiza	tion				Members' R	ating of Pla	an: 87%	
Erickson Advanta	ge Freedo	m (HMO-POS) (	006) Phor	ne: 866-774	1-9671				www.Eric	ksonAdvant	age.com	
Erickson Campuses - CO, KS, MA, MD, MI, NJ, PA, TX, VA, NC	\$60	\$4,200	\$10 - \$20/ 30%	\$40/30%	20%/30%	20%/30%	\$0/30%	20%/30%	\$200 some drugs; call plan	\$5 - \$85 and/or 29%	Yes	
Erickson Advanta	ge Liberty	with Drugs (HM	10) (008)	Phone: 866	5-774-9671				www.Eric	kson Advant	age.com	
CO/KS/MD/MA/MI/ NJ/NC/PA/TX/VA	\$25	\$6,700	\$20 - \$30	\$50	20%	20%	\$0	20%	\$250 some drugs; call plan	\$5 - \$100 and/or 28%	Yes	

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits		
UnitedHealthca	re (H5652	2) / Health Mai	ntenance	Organiza	tion				Members' R	ating of Pla	an: 87%		
Erickson Advantage Liberty without Drugs (HMO) (002) Phone: 866-774-9671 www.EricksonAdvan											age.com		
Erickson Campuses - CO, KS, MA, MD, MI, NJ, PA, TX, VA, NC	\$0	\$6,700	\$20 - \$30	\$50	10%	10%	\$0	20%	Drugs not covered	Drugs not covered	Yes		
Erickson Advanta	Erickson Advantage Signature with Drugs (HMO-POS) (001) Phone: 866-774-9671										www.EricksonAdvantage.com		
Erickson Campuses - CO, KS, MA, MD, MI, NJ, PA, TX, VA, NC	\$195	\$2,900	\$0/30%	\$20/30%	10%/30%	10%/30%	\$0/30%	20%/30%	<b>\$</b> 0	\$5 - \$85 and/or 33%	Yes		
Virginia Premie	r (H9877)	/ Health Main	tenance C		<b>o</b> n		The State of		Members' R	ating of Pla	an: 85%		
Virginia Premier A	Advantage	Gold (HMO) (00	)2) Phone:	833-228-C	0051				www	v.virginiaprer	nier.com		
Central Virginia and Tidewater	\$0	\$5,900	\$0	\$45	20%	20%	<b>\$</b> 0	20%	\$250 some drugs; call plan	\$2 - \$100 and/or 28%	Yes		
Virginia Premier A	Advantage	Platinum (HMO)	(003) Ph	one: 833-2	28-0051				www	v.virginiaprer	nier.com		
Central Virginia and Tidewater	\$29	\$5,900	\$0	\$35	20%	20%	\$0	20%	\$100 some drugs; call plan	\$2 - \$100 and/or 31%	Yes		

<sup>\*</sup> If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.